

Foster Family Home - Corrective Action Report

Provider ID: 1-170035

Home Name: Christy Soriano, NA

Review ID: 1-170035-2

94-296 Kahualena St.

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 5/7/2018

End Date:

8/3/18

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/7/2018.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:


7.1.(a)(1) and 7.1.(a)(2) Fingerprinting and Adult Protective Services/Child Abuse Neglect (APS/CAN) not present in the home for HHM#3.

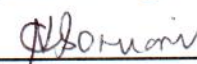
Foster Family Home Personnel and Staffing [17-1454-41]

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(f) TB Clearance not present in the home for HHM#3.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: CHRISTY N. SORIANO

CCFFH Address: 94-296 KAHUALENA ST. WAIPAHU, HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(c)(1)	Fingerprinting and APS/CAN done by HHM #3	5/21/2018	Make sure that all my household documents are in file.
41(f)	TB clearance done by household member #3	4/3/2018	I have to make sure that I maintain a caregivers chart and make list of their expirations and make sure to secure 2 months before it expire.

Primary Caregiver's Signature: *Christy Soriano*

Print Name: CHRISTY N. SORIANO

Date of Signature: 5/25/2018

